

INDUSTRIAL WASTEWATER DISCHARGE PERMIT SURVEY/APPLICATION

DEPARTMENT OF ENVIRONMENTAL SERVICES
CITY AND COUNTY OF HONOLULU
1000 ULUOHIA STREET, SUITE #303, KAPOLEI, HI 96707
ATTN: REGULATORY CONTROL BRANCH

Be advised that Section 14-5.1, Paragraph (a) of the Revised Ordinances of Honolulu, as amended, states "No person shall discharge or cause to be discharged any industrial wastewater into the public sewers or into any private sewer which discharges to the public sewers, without first applying for and obtaining an industrial wastewater discharge permit." Please answer all questions. Indicate "NA" if the question does not apply to your business. If you have any questions please call: (808) 692-5593 or (808) 692-5137.

DO NOT USE THIS FORM FOR BUILDING PERMIT PROJECTS

PART I - ORGANIZATION

1. Business Information:

Parent Company Name: _____
Doing Business As: _____
Street Address (address of discharge to sewers) _____
Unit # _____
City: _____ Hawaii, Zip: _____
Tax Map Key: ____ - ____ - ____ - ____ - ____

3. Permit Mailing Address:

(If different from Question #1)

Attention: _____
Company: _____
Street: _____ Unit # _____
City: _____ State: _____ Zip: _____

5. Vehicle Washing:

- a. Do you wash vehicles on site? Yes ____ No ____
- b. If yes, how many vehicles per week? _____
- c. If yes, where is the wash water discharged?
Storm Drain ____ Sanitary Sewer ____ Other ____
- d. If your answer to Question C is "Other" describe
where the wash water is discharged: _____
- e. If your answer to Question C is "Sanitary Sewer"
can rainwater enter the drain? Yes ____ No ____
- f. If your answer to Question E is "Yes", do you have
a two-way valve? (e.g. wash water discharged to
sewer, rainwater to storm drain) Yes ____ No ____

2. Permittee Information:

(Permittee is the party or individual responsible for compliance with this permit for the duration of the permit. This could be the property owner, property manager, lessee, the business, etc.)

Business/Organization: _____
Contact person: _____
Phone Number: (____) _____ - _____ Ext. ____
Address: _____

4. Business/Description:

(Describe the business operation for Question #1.

Examples: drug store with photo processing, restaurant, food court within a shopping center, auto repair shop, fish market, grocery store, doctor's office with x-ray, wholesale or retail bakery, office building with dental offices and a deli, etc.) _____

- a. Business Hours: _____ a.m. to _____ p.m.
- b. Open how many days per week? _____
- c. Name of business previously at this location: _____
- d. If you relocated, list your previous address: _____

FOR BUSINESSES WITH FOOD PREPARATION

- e. Is this business located in a food court (common area seating shared by multiple vendors)? Yes ____ No ____
- f. Estimated number of meals served daily _____
- g. How many pots/pans washed daily? _____
- h. Maximum seating capacity _____

PART II - WATER USAGE/DISCHARGE

1. Check (a) or (b) to indicate the range (rough estimate) of your water usage:

- (a) 0 to 25,000 gallons per day. _____ (b) Over 25,000 gallons per day. _____

2. What is the Nature of the Industrial Wastewater Discharge. (e.g., washing pots and pans, dishwashing, equipment washing, vehicle washing, product manufacturing, photo development, chemical discharge, etc.) _____

(Continued on Reverse Side)

PART III - PRETREATMENT DEVICES

1. <u>Do You Have One or More of the Following?</u> (Please answer all questions)	Yes	No
a. Do you have floor drains in your facility located in your production/maintenance/work area?	_____	_____
b. Oil Interceptor(s). (Auto repair, vehicle washes, automotive classes).....	_____	_____
c. Neutralization System(s). (Laboratory, schools, x-ray/photo processing, printers, etc.).....	_____	_____
d. Silver Recovery Unit(s). (X-ray/photo processing, printers, etc.).....	_____	_____
e. Solids Interceptor(s). (Hospitals, dentists, restaurants, arts/craft shops, jewelers, etc.).....	_____	_____
f. Hair Trap(s). (Dog groomers, veterinarians).....	_____	_____
g. Lint Trap(s). (Laundromats, commercial laundries, hotel laundries, etc.)	_____	_____
h. Water Recycling System(s). (Trucking companies, rental car co., auto/truck washes, etc.).....	_____	_____
i. Cooling Tower/Boiler(s). (Hotels, office buildings, malls, hospitals, commercial laundries, etc.)	_____	_____
j. Grease Interceptor(s). (Restaurants/bars, caterers, commercial kitchens, schools, hospitals etc.)	_____	_____

<u>Location of Grease Interceptor</u> (kitchen, outside, parking lot, etc)	<u>Length</u>	<u>Inside Dimensions (in inches)</u> <u>Width</u>	<u>Height (to water line)</u>	<u>Liquid Operating Capacity</u>
1. _____	_____	_____	_____	_____ Gallons
2. _____	_____	_____	_____	_____ Gallons

Note: Grease Interceptors must be accessible for maintenance and inspection as outlined in the current City Rules and Policies for Grease Interceptor Program Compliance.

k. For businesses with food preparation, how many (fill in a number) of the following equipment do you have in the food preparation, cooking, and cleanup area? Put zero if none.

Wok Stove _____ Food Grinder/Garbage Disposal _____ Dishwasher _____ Deep Fryer _____ Grill/Griddle _____
 Broiler _____ Oven _____ Other Cooking Equipment (please list) _____

2. Hauled Industrial Waste. This section pertains to those liquid waste that are 100% collected and NOT DISPOSED OF DOWN ANY DRAINS. Do not include hauled waste associated with maintaining or servicing of any pretreatment devices (e.g. Grease Interceptors, Oil Interceptors, Neutralization Tanks, Silver Recovery Unit, etc.)

Please indicate the type, amount in gallons, and frequency. (e.g. daily, weekly, monthly, quarterly, yearly) wastes are collected.

	Amount	Frequency
a. Used automotive/marine products (used motor oil, anti-freeze, battery acid) _____	_____	_____
b. Acid Bath (i.e. jewelry plating, chrome plating, electro plating) _____	_____	_____
c. Solution from x-ray, photo processing, photo copying or printing equipment _____	_____	_____
d. Cesspool or septic tank _____	_____	_____
e. Bulk used cooking oil (i.e. deep fryer, wok) _____	_____	_____
f. Other waste (Example: Hazardous waste [lab chemicals, perchlorethylene]) _____	_____	_____

Please describe: _____

If necessary, please provide any additional information to process this application on a separate sheet of paper.

CERTIFICATION

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. "

 Permittee's (Original) Signature

 Print Permittee's Name

 Date

(_ _) _ _ - _ _ ext. _ _
 Phone Number